

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## Article Addressed to:

Steven M. Ravid  
Clerk, Appellate Court  
First Judicial District  
160 N. LaSalle, Rm. S1400  
Chicago, IL 60601

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
*Michael Barkow* ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
MICHAEL BARKOW 6/7/99

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1160 0003 9932 4529

03-0367

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ILLINOIS  
COMMERCE COMMISSION  
A 11: 11  
2006  
CHIEF CLERK'S OFFICE  
Illinois Commerce Commission  
527 East Capitol Avenue  
Springfield, Illinois 62701

Chief Clerk

C003